

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

English Language Division

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

COVER ASSEMBLY FOR HOSPITAL CARTS

the specification of which

(check one)

_____ is attached hereto

_____ was filed on _____ as

Application Serial No. _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate have a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Priority
Claimed

(Number) _____	(Country) _____	(Day/Month/Year Filed) _____	Yes	No
(Number) _____	(Country) _____	(Day/Month/Year Filed) _____	Yes	No
(Number) _____	(Country) _____	(Day/Month/Year Filed) _____	Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national PCT International filing date of this application:

60/237,493

OCTOBER 4, 2000

PENDING

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made of information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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Full name of sole or first inventor
TOMIKO ERICKSON

Inventor's signature

Date

Residence
Miami, Florida

Citizenship
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Full name of second joint inventor, if any

Inventor's signature

Date

Residence

Citizenship

Post Office Address

(Supply similar information and signature for third and subsequent joint inventors.)

INDEPENDENT INVENTOR - SMALL ENTITY STATUS

Applicant(s) or Patentee(s): TOMIKO ERICKSON

Serial or Patent No.: _____ Attorney's Docket No.: 1.792.99

Filed or Issued: _____

For: COVER ASSEMBLY FOR HOSPITAL CARTS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled,

COVER ASSEMBLY FOR HOSPITAL CARTS
described in

[] the specification filed herewith.
[X] application serial no. 60/237,493, filed OCTOBER 4, 2000
[] patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

[X] no such person, concern or organization
[] person, concerns, or organization listed below

Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____

[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____

[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____

[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statement were made with the under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR TOMIKO ERICKSON NAME OF INVENTOR NAME OF INVENTOR

Signature of Inventor Signature of Inventor Signature of Inventor

Date Date Date